



PTO/SB/82 (05-03)

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/484,260
	Filing Date	January 18, 2000
	First Named Inventor	Thomas C. Gibson
	Art Unit	3672
	Examiner Name	G. Suchfield
	Attorney Docket Number	HO-P02233US0

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Patrick H. McCollum

Signature *Patrick H. McCollum* on behalf of Applicant.

Date June 3, 2003

Telephone 281-260-5616

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.**Revocation of Power of Attorney or Authorization of Agent**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/484,260	
	Filing Date	January 18, 2000	
	First Named Inventor	Thomas C. Gipson	
	Art Unit	3672	
	Examiner Name	G. Suchfield	
Total Number of Pages in This Submission	2	Attorney Docket Number	HO-P02233US0

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard	
<div>RECEIVED JUN 10 2003 GROUP 3600</div> <table border="1"><tr><td>Remarks</td></tr></table>			Remarks
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULBRIGHT & JAWORSKI L.L.P. Edward D. Steakley
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Dated: June 5, 2003	Signature: (Elena M. Maglitta)